



FOOTBALL PERFORMANCE PROGRAM

Mark a Box

- Pre Season Summer Camp
- Pre Season Winter Camp
- Pre Season Summer/Winter Camp

Name:	
Date of Birth:	ID number:
Height:	Weight:
Club:	
Best Position:	Second Position:
Player Type:	
Strengths:	
Weaknesses:	
Goals with football?	

Circle the option that best matches you.

Do you think you eat well?	Yes	No	Quite		
How many meals do you eat a day?	1	2	3	4	More
How much water do you drink a day in liters?	0,5	1	2	3	
How often do you drink alcohol a week?	0	1	2	3	Mer
How many cups of coffee do you drink per day?	0	1	2	3	Mer

Briefly describe how you eat in a day?

Breakfast:.....

Snacks am:.....

Snacks pm:.....

Dinner:.....

Supper:.....

Others:.....

.....
Ort, datum

.....
Underskrift